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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

AGDA (M) IN REPLY REFER TO  
(29 Sep 69)

FOR OT UT 693188

2 October 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th  
Medical Brigade, Period Ending 31 July 1969

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

ROBERT E. LYNCH  
Colonel, AGC  
Acting The Adjutant General

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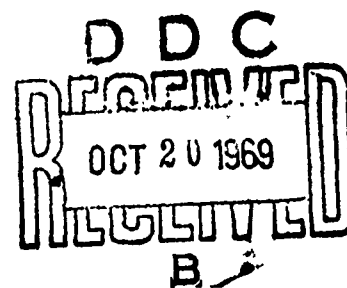
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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT  
(ARMY) ATTN FOR OT UT. WASHINGTON, D.C. 20310

AD 860217

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 44TH MEDICAL BRIGADE  
APO San Francisco 96384

AVBJ PO

15 August 1969

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for  
Period Ending 31 July 1969, RCS CEFOR-65 (R1)

THRU: Commanding General  
United States Army, Vietnam  
ATTN: AVHGC-DST  
APO 96375

TO: CINCUSARPAC  
ATTN: GFCP-DT  
APO 96558

1. Section 1, Operations: Significant Activities.

a. Headquarters, 44th Medical Brigade was operational throughout the period 1 May 1969 to 31 July 1969, and accomplished its mission of command and control of assigned units, which numbered 169 at the end of the period.

b. The 551st Transportation Detachment (KE) arrived in-country on 25 June 1969 and was assigned to the 44th Medical Brigade. This unit was further assigned to the 68th Medical Group stationed at Long Binh, and attached to the 45th Medical Company (Air Ambulance). The mission of the 551st TC Det is to provide the 45th Medical Company with an organic 3d echelon maintenance capability pending approval of a MTOE which gives this capability to the air ambulance companies.

c. The 650th Medical Detachment (KJ) redeployed to CONUS on 15 July 1969. This was an ARNG unit activated in the spring of 1968 and assigned to the 44th Medical Brigade the following August. It was the first reserve component medical unit deployed to RVN and also the first to redeploy after serving with distinction for approximately one year in Vietnam.

d. During May, a decision was made to relocate the 91st Evacuation Hospital from Phu Hiep to Chu Lai where it would replace the 312th Evacuation Hospital allowing that unit to redeploy to CONUS. The requirement for the 91st Evacuation Hospital at Phu Hiep was marginal. Its patient census, particularly with respect to US patients, was low and maintenance of the hospital plant at an acceptable level was difficult. The

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hospital was located in an isolated environment and was experiencing problems in such areas as security, maintenance and logistical support. Adequate hospital support for the Phu Hiep area could be provided from existing facilities at Qui Nhon and Nha Trang. An Inter Service Support Agreement was negotiated with 7th AF which provided for the USAF Dispensary at Tuy Hoa Air Force Base furnishing primary medical care for US Army personnel who were being furnished this support by the 91st Evacuation Hospital. The 91st Evacuation Hospital was phased out of operation at Phu Hiep during May and June, and on 1 July 1969, the unit was released from the 43rd Medical Group, assigned to the 67th Medical Group and stationed at Chu Lai. Replacement of the 312th Evacuation Hospital by the 91st Evacuation Hospital reduced the Brigade's force structure by 313 spaces. USARV has approved the Brigade's request for 116 of these spaces to support an MTOE for the 45th and 498th Medical Companies (Air Ambulance) which adds to each a sorely needed organic 3d echelon maintenance capability.

e. Although it had been recognized for sometime that imbalance existed in the alignment of the four medical groups, all proposals considered to realign responsibilities either geographically or functionally were found unsatisfactory. Additionally, requirements within the Brigade would not permit continuance of this imbalance. It was decided that the 55th Medical Group should be inactivated thereby permitting the alignment of the three remaining medical groups in terms of overall responsibility along with providing the requisite spaces for the exercise of effective command and control at the group level. The resulting command structure should be the most efficient that tactical and geographical considerations allow. On 15 June 1969, 43rd Medical Group assumed responsibility for all of II CTZ. HQ, 55th Medical Group was phased out between 15 June and 15 July 1969 and is presently awaiting formal inactivation.

f. A priority objective of the brigade headquarters is conservation of AMEDS professional spaces. Accordingly, on 30 May 1969, medical group commanders were requested to critically evaluate each professional service team within their respective group and identify for inactivation those detachments excess to the current operational requirements of the hospitals to which attached. In arriving at their recommendation the group commanders were advised to give careful consideration to the types and number of like specialists authorized in the MTOE of the hospital augmented, and to the actual combined (hospital and professional services team) strength experienced during the past year. As a result of this study, eleven professional services teams were identified as being excess to present and anticipated requirements. These units will be inactivated or redeployed in the coming months.

g. During the month of July, a realignment of preventive medicine responsibilities was initiated. When completed, this realignment will result in assignment of preventive medicine resources to each of the three medical groups and the tasking of each group with the additional mission of providing field army level preventive medicine support within its geographic area of responsibility. This should provide a more effective and integrated

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field army medical service in each CTZ. It will facilitate T-Day organizational changes and be one step toward developing an all encompassing area medical service. Other advantages expected to accrue from this geographical and structural alignment which is scheduled for completion during August 69 are:

- (1) Reduce the span of control exercised directly by the brigade commander.
- (2) Provide the preventive medicine units with a greater amount of administrative and logistical support.
- (3) Relieve the preventive medicine units of many of the administrative responsibilities imposed by being directly subordinate to the Brigade.
- (4) Provide additional preventive medicine support to Army troops in I CTZ since the realignment includes the relocation of the 172nd Preventive Medicine Unit to that CTZ.

h. Veterinary Activities:

(1) A Veterinary Civic Action Committee was organized and had its first meeting on 21 May 1969. This committee will function with a goal of mutual assistance, cooperation, and exchange of information to further Government of Vietnam actions in protein production and zoonoses control. The committee consists of MACV Veterinarian, USAID Veterinarian, 7th Air Force Veterinarian, and 44th Medical Brigade Veterinarian who functions as Veterinary consultant to the USARV Surgeon. The committee will establish policy, issue guidance, and prepare such implementing documents as are necessary to standardize the activities of participating agencies. The committee will meet each month and be coordinated by the MACV Veterinarian. Special meetings may be called by any of the participants at any time that there is need to present a new program or a problem that requires immediate action.

(2) Action was initiated to zero strength two Veterinary TOE 44th Medical Brigade Units. The units involved were 245th Medical Detachment, Long Binh and 760th Medical Detachment, Qui Nhon, which are reduced strength TOE 8/500DJB teams. This action will reduce required Veterinary personnel by 8 VC officers and 30 enlisted men. The mission requirements will be transferred to the existing full strength JB team units. The 176th Vet Det assumes the mission of 760th Med Det and will have veterinary responsibility for all of II CTZ. The 4th Med Det assumes the mission of the 245th Med Det and will have veterinary responsibility for all of III and IV CTZ.

(3) The 4th Med Det TM JB has been programmed to move its headquarters to Long Binh Post thereby leaving the Saigon area. This move should be completed by 15 August 1969. The unit will still have a limited number of personnel permanently assigned in the Saigon area to provide food inspection and pet treatment capabilities.

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(4) The 936th Med Det, Team ID, TOE 8-500D moved from Tan Son Nhut Air Base to newly constructed facilities at Long Binh Post. The unit became operational at the new site on 14 July 1969.

(5) The 245th Med Det Team JB, TOE 8-500D moved into newly constructed facilities at Long Binh Post and was operational at new site on 22 July 1969. The 4th Med Det which will absorb the mission of this unit is in the process of integrating into this same new facility.

(6) USARV regulation 40-657 pertaining to Veterinary Food Inspection was rescinded. AR 40-657, NAVSUP Pub 395, AF 163-2, MCO P10110.31, with changes, will replace the rescinded regulation.

i. Aviation Activities:

(1) On 7 July 1969, the 68th Medical Detachment (Hel Amb) completed its move from Phu Hiep to Chu Lai and became fully operational. No significant problems were encountered. The relocation of the 68th MDHA has eliminated the need for constant shuffling of aeromedical evacuation aircraft throughout I CTZ which had been necessary to meet the minimal daily requirements for air ambulance support in the Chu Lai area of operations.

(2) During the month of May, Brigade aircraft evacuated 20,565 patients which represents the third highest number for any one month. A continuous decrease was shown in the succeeding two months with 18,471 patients evacuated in June and 15,931 patients evacuated in July. Total patients evacuated during the reporting period numbered 54,967 which is an increase of 27 patients over the last reporting period. This figure also represents a new all time high - the last high being the preceeding reporting period. A total of 85 aircraft sustained combat damage and the aircraft availability averaged approximately 70%. These two figures show no change from the previous reporting period. The brigade U-1A Otter, which was down for maintenance a total of 59 days during the reporting period, was flown a total of 18 hours as compared to 137 hours for the previous reporting period. A total of 28 passengers and 4 tons of cargo were transported.

j. S-4 Activities: Major construction projects completed under the Military Construction, Army (MCA) Program:

(1) Blood Distribution Center for the 9th Medical Laboratory (Cam Ranh Bay). The new facilities house the primary blood distribution bank in Vietnam. The Center is designed to receive, store, process, and distribute whole blood throughout Vietnam. Its storage capability is 4,000 units.

(2) Emergency Treatment and Resuscitation Ward for the 8th Field Hospital (Na Trang). There is 2,400 Sq ft of area in the new facilities, and it serves as an emergency receiving, triage, and preparation area for patients requiring immediate surgery or radiologic photography examination.

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(3) Veterinary Clinic for the 245th Medical Detachment (VET), (LONG BINH).

(4) Veterinary Hospital for the 936th Medical Detachment (VET), (LONG BINH).

(5) Mess hall for the 22nd Surgical Hospital, MUST (PHU BAI). This facility is a standard 250 man mess.

(6) Medical Supply Warehouse for the 36th Evacuation Hospital (VUNG TAU). The new facility provides 8000 SF of covered storage area for medical supplies and equipment.

k. Nursing Service Activities:

(1) The 91st Evacuation Hospital, located at Tuy Hoa, closed operations 15 June 1969. The nurses were interviewed and assigned to hospitals of their choice as far as possible.

(2) The 17th Field Hospital, located at An Khe, closed operations July 1969 and will take over operations of the 311th Field Hospital. The male nurses remained with the 17th Field Hospital.

1. Dietitian Activities:

(1) CPT Bonnie G. Moscatelli, Staff Dietitian, 43d Medical Group, departed this command for Munson Army Hospital, Fort Leavenworth, Kansas and was succeeded by MAJ Marcia L. Turpin on 15 July 1969.

(2) MSG Masao Wakatake, was awarded the Bronze Star medal for exceptionally meritorious service as Food Service Supervisor, 44th Medical Brigade, from 4 August 1968 to 9 July 1969. He departed this command and was succeeded by SFC Joseph C. Moix, formerly of 68th Medical Group.

(3) The Staff Dietitian and Food Service Supervisor made 30 liaison visits to units of the brigade during the quarter.

(4) During this quarter units of the brigade have served a total of 967,060 rations. Approximately 475,580 of these rations were patient rations, 173,396 of which were served on the wards to bed patients. Modified diets comprised approximately 7% of total patient rations.

m. Chaplain Activities:

(1) The quarterly consolidated Religious Activities and Character Guidance Report for April-June 1969 indicates that 44th Medical Brigade Chaplains conducted 1846 religious services during this period, with a total attendance of 47,421. The average number of services for the 24



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Chaplains in the Brigade this quarter per week was 5.92, for the same quarter last year it was 7.38.

(2) The annual Hospital Chaplains Workshop was held 23-26 June at Vung Tau, RVN. Guest lecturers included Colonel David E. Thomas, Brigade Commander; Colonel Samuel Jefferson, 36th Evacuation Hospital Commander; Chaplain (COL) Gerard Gefell, USARV Staff Chaplain; and the Reverend Robert Crawford, CM, Pastor of the American Catholic Church, Saigon.

n. Inspector General Activities:

(1) The Inspector General Section was established during July with two officers serving as Acting Inspectors General and three enlisted personnel, one Administrative NCO and two clerk typists. The office began processing complaints from "walk ins" and referrals from the USARV IG office.

(2) During the period 18 - 31 July, this office received twenty complaint cases, of which twelve were closed satisfactorily during that same period. Six of the twelve closed cases were considered to be in the area of unsubstantiated or unfounded complaints.

(3) Office supplies and communications were a problem at the onset, but by the close of the month desks, chairs, file cabinets and telephones were all approved and for the most part received.

2. Section II. Lessons Learned: Commander's Observations, Evaluations and Recommendations.

a. Personnel - Composition of Veterinary Command and Control Unit.

(1) OBSERVATIONS: The 322nd Medical Detachment (Veterinary Professional Service), Team AF, TCE 8-300G functions as the command and control unit for nine subordinate veterinary units in RVN. The authorized strength of the command and control unit is 1-LTC, VC; 1-E8, 91R40; 1-E4, 71B30. The unit currently has augmented personnel to include 1-MAJ, VC.

(2) EVALUATION: It is not possible for this unit to effectively accomplish its mission with current authorized personnel. The rank of LTC for the commanding officer limits his effectiveness due to the same grade authorization for commanders of subordinate units. Authorization of just one veterinary corps officer at the headquarters level precludes extensive travel to subordinate units.

(3) RECOMMENDATION: Grade structure and authorization be changed to provide the rank of Colonel for the commander and Major or above for additional VC officer.

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b. Operations

(1) Veterinary Technical Directives

(a) OBSERVATIONS: A need exists for instructions which are directive in nature but readily changed to be disseminated through technical channels to field units. Staffing of regulations pertaining exclusively to veterinary activities is time consuming and not readily changed.

(b) EVALUATION: A system of distributing Veterinary Technical Letters pertaining to different functions of the veterinary service was instigated by the Brigade Veterinarian. These letters are dispatched from the USARV Surgeon's Office since the Brigade Veterinarian acts as consultant to the USARV Surgeon. This provides for dissemination of technical directives to all aspects of the veterinary support program in RVN to include brigade veterinary units.

(c) RECOMMENDATION: This method of dissemination of technical guidance and direction has proved most efficient and should be continued.

(2) Coordination of Civic Action Projects

(a) OBSERVATIONS: A need exists for more coordination and documentation of veterinary civic action participation in RVN. Definite guidelines as to extent of participation and justification as to need or importance of activities or projects has not been effectively established.

(b) EVALUATION: Coordination with other US Agencies performing or requesting participation in civic action activities is needed to provide more efficient utilization of Brigade Veterinary Units. The Brigade Veterinarian, functioning as consultant to the USARV Surgeon, has established monthly meetings with the MACV Veterinarian, 7th Air Force Veterinarian, and the USAID Veterinarian. The purpose of this established board is to disseminate directives and evaluate programs concerning civic action activities pertaining to veterinary matters.

(c) RECOMMENDATION: Guidelines and decisions determined by the Civic Action Board should be disseminated to Brigade Veterinary Units by the Brigade Veterinarian. He should also monitor and approve all civic action projects of a continuing nature and provide guidelines as to extent of participation in all types of civic action activities.

(3) Medical Evacuation of Military Dogs

(a) OBSERVATIONS: Military dogs are not presently being uniformly evacuated to higher level veterinary treatment facilities. Dogs are being retained in the field when existing veterinary hospital facilities should be utilized. This in part is due to lack of adequate available transportation.

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(b) EVALUATION: Military dogs are located throughout the entire country of Vietnam, the two existing veterinary hospitals in RVN are located at Cam Ranh Bay and Long Binh. In order to effectively evacuate dogs any great distance Air Force aircraft must be relied upon. However, current in-country Air Force regulations preclude consistent access to these aircraft.

(c) RECOMMENDATION: Coordination should be made with the Air Force to establish definite policies as to availability of aircraft space for military dogs being evacuated for medical treatment. A 44th Medical Brigade Form 39 has been sent to field veterinary units which will help identify specific problems in evacuation procedures.

c. Training

(1) Care of Military Animals and Records

(a) OBSERVATIONS: In reviewing animal health records and evacuation procedures it becomes obvious that veterinary officers need more training in this area.

(b) EVALUATION: Health records reviewed, in many instances, were not complete enough to adequately evaluate the animal's past or current health status. Many records could not be used in epidemiological investigations due to incomplete clinical descriptions of disease conditions. The policy of what and when to evacuate is not established at many of the field unit levels.

(c) RECOMMENDATION: Training at the officer basic and career courses should stress care of military animals in a theater of operations and effective deployment of veterinary TOE units.

(2) In Country Training of MOS 91T Veterinary Technician Specialist

(a) OBSERVATIONS: A program had been recommended to train all 91T personnel during their first two weeks in country at the 9th Med Lab.

(b) EVALUATION: The 9th Med Lab does not have the mission or personnel to attempt a training program of this magnitude. Personnel of this category should be MOS qualified prior to assignment to RVN.

(c) RECOMMENDATION: Personnel of this MOS should not routinely be sent to 9th Med Lab for additional training. Day to day training and supervision can best be accomplished by veterinary officers in the field and tailored to the local situation.

(3) AMEDS Officer Training

(a) OBSERVATION: All AMEDS officer personnel should have a working knowledge of the procedures and methodology for accomplishing OMA and MCA construction.

AVHGC-DST (15 Aug 69) 1st Ind

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Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 29 AUG 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOF-DT,  
APO 96558

Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D.C. 20310

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 July 1969 from Headquarters, 44th Medical Brigade.

2. Comments follow:

a. Reference item concerning "Composition of Veterinary Command and Control Unit," section II, page 6, paragraph 2a; concur. The recommendation that grade structure and authorization be changed to provide the rank of Colonel for the commander and Major or above for an additional Veterinary Corps officer appears suitable. The unit is advised that a proposed MTOE must be submitted before further action can be taken. Exceptions to grade authorizations must be justified in accordance with Grade Authorization Factors contained in AR 611-101, section VI, paragraph 12. An officer trade-off space must be identified in the letter of transmittal, if the proposed MTOE adds an officer position that is not included in the current document. Upon receipt of the proposed MTOE, this headquarters will further evaluate and process the document in accordance with established procedures.

b. Reference item concerning "Medical Evacuation of Military Dogs," section II, page 7, paragraph b(3); concur. A request to the MACV Surgeon's Office will be initiated to clarify the Air Force's role in the evacuation of dogs.

c. Reference item concerning "Care of Military Animals and Records," section II, page 8, paragraph c(1). Concur, provided training is limited to the Veterinary Officers' basic course.

d. Reference item concerning "In-Country Training of 91T Veterinary Technician Specialist," section II, page 8, paragraph c(2); concur. The new program has been initiated by the unit.

e. Reference item concerning "AMEDS Officer Training," section II, page 8, paragraph c(3). Concur, provided training in the basic course is limited to the Medical Service Corps.

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AVHGC-DST (15 Aug 69) 1st Ind

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for  
Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 29 AUG 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOF-DT,  
ArO 96558

Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D.C. 20310

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f. Reference item concerning "Requisition and Stockage of Non-Standard Drugs," section II, page 9, paragraph e; concur. Headquarters, USARV is establishing a system of veterinary issues to accomplish this requirement.

g. Reference item concerning "Work Measurements of Veterinary TOE Units," section II, page 9, paragraph f; concur. This headquarters will further investigate other workload factors to establish a criteria for the measurement of staffing in Vietnam.

h. Reference item concerning "World-Wide Disease Reporting System," section II, page 10, paragraph g; concur. The USARV Veterinarian documents this data, however, there is no way to share this information with other commands or to receive data from the experiences of other commands. Recommend DA further investigate this matter.

FOR THE COMMANDER:

Cy furn:  
44th Med Bde

  
B. A. GOODWIN  
CPT, AGC  
Assistant Assistant General

GPOP-DT (15 Aug 69) 2d Ind  
SUBJECT: Operational Report of HQ, 44th Medical Brigade  
for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 18 SEP 69

TO: Assistant Chief of Staff for Force Development,  
Department of the Army, Washington, D. C. 20310

This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:



C. L. SHORTT  
CFT, AGC  
Asst AG

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